

This petition must be filled out and signed by the licensee and filed with the appropriate zone office of the County in which the premises to be licensed are located. The petition shall be accompanied by **CHECK, BANK OFFICER'S CHECK or DRAFT or MONEY ORDER** for the require fee, payable to the State Liquor Authority.

\$192.00 where the annual license fee is \$500.00 or more,
\$32.00 in other instances.
(the Law does not provide for any Refund on Removal Fees specified in Section 99-d)

SEE PETITION FOR REMOVAL INSTRUCTIONS FOR ADDITIONAL REQUIREMENTS

ALL QUESTIONS MUST BE ANSWERED IN THE BOXES BELOW. (If more space is needed, attach a rider).
Any false answer or statement made by the applicant will constitute perjury and subject any license issued hereunder to revocation.

The licensee named below hereby request the permission of the Liquor Authority to REMOVE the present licensed premises to the proposed premises set forth below.

Full Name of Applicant-Licensee	Trade name or other designation	Serial No.
Present Premises (Street Address)	Post Office address of premises (if different)	
City, town, or village – Zip Code	City, town or village – Zip Code	Telephone No.
Email Address	Name and Cell Phone # of a Principal of the Licensed Premises	

PROPOSED PREMISES

Trade name or other names under which applicant will do business	Trade name or other designation		
Street address of premises to be licensed	Post Office of premises (If different)		
City, town or village, - Zip Code	County	City, town or village – Zip Code (If different)	Telephone No.
Between what streets or avenues. (If outside city or village limits and not known by a house number, specify location in relation to nearest intersecting road or highway.			
Name of owner of building in which the premises to be licensed are located	Address of owner of building		
Type of building. (Check appropriate box) <input type="checkbox"/> Residence <input type="checkbox"/> Apartment House <input type="checkbox"/> Office Building <input type="checkbox"/> Taxpayer <input type="checkbox"/> Apartments & stores			
1. Is any license, under the Alcoholic Beverage Control Law, now in effect for: (a) The premises for which this application is filed? If so, state full name of licensee and serial number. Or (b) Any other part of the building containing the premises? If so, state full name of licensee and serial number.	Yes or No 1. (a)	Serial Number	
	Name of Licensee		
	Yes or No (b)	Serial Number	
	Name of Licensee		
2. (a) Will applicant occupy proposed premises under a written lease or option to lease? (b) If so, state the effective/expiration date of the lease and the name and address of the lessor. (c) Do the terms of such lease require payment by the applicant of any consideration based on a percentage of the receipts of the business? (d) If so, state percentage and give details.	2. Yes or No (a)	Effective Date of Lease (b)	Expiration Date of Lease (b)
	Name and address of the immediate lessor (b)		
	Yes or No (c)	Percentage and details (d)	
3. (a) Will any other business of any kind be carried on in proposed premises? (b) If so, give details.	Yes or No 3. (a)		
	Details (b)		
	(b) Date		
4. Are proposed said premises located in a residential district created under any zoning law, which restricts the maintenance of a restaurant or eating place at the premises to be licensed?	4. Yes or No		
5. Do proposed premises comply with all building, fire and health laws, Ordinances and regulations pertaining to restaurants or eating places?	5. Yes or No		

**STATE OF NEW YORK
LIQUOR AUTHORITY**

**PETITION FOR REMOVAL
(On Premises Consumption Retail)**

6. (a) Will any dancing, music or entertainment be provided at any time whatsoever for guests or customers on the proposed premises? (b) If so, has licensee obtained a license or permit therefor from the local authorities? If none is required, attach letter to such effect from local Sheriff or Chief of Police, as the case may be.	6. Yes or No (a)
	Yes or No (b)
7. (a) Has any person not an applicant herein, or, if a corporate applicant, any person not an officer, director or stockholder of such corporation any interest, financial, proprietary or other, direct or indirect, in the premises or in the business to be licensed, or has made any loan to the applicant for said business or has any lien or mortgage on the fixtures in the business? (b) If so, set forth the names and addresses of such persons, the nature of the interest and the date acquired.	7. Yes or No (a)
	Name (b)
	Address
	Nature of Interest Date Acquired
8(a) State whether any person not an applicant herein, or if a corporate applicant, any person not an officer, director or stockholder of such corporation, or any person not reported in Question 8 above, shares or will share on a percentage basis or in any way in the receipts, losses or deficiencies of the business, to any extent whatsoever other than by fixed salary. (b) If so, set forth the names and addresses of such persons, the nature and percentage of the share and date acquired.	8. Yes or No (a)
	Name (b)
	Address
	Nature and percentage of share Date Acquired
9. Reasons for requesting permission for removal (REQUIRED):	

THE APPLICANT HEREBY AGREES THAT THE DIAGRAMS, SURVEY AND ALL OTHER PAPERS FILED IN SUPPORT OF THIS APPLICATION AND ANY APPLICATION FILED UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW BY ANY PERSON HAVING ANY INTEREST, DIRECT OR INDIRECT, EITHER IN THE PREMISES OR IN THE BUSINESS TO BE LICENSED, FOR ANY LICENSE OR PERMIT, SHALL BE DEEMED AND MADE A PART HEREOF AND CONSIDERED BY THE STATE LIQUOR AUTHORITY IN ACTING UPON THIS APPLICATION.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL AND/OR EACH MEMBER OF PARTNERSHIP

The undersigned, each for themselves, certifies that he/she is the applicant above named; that he/she knows the contents of the above application together with all other papers filed in support thereof and the statements contained therein and the same are true of their own knowledge.

Dated: _____

 (Signature of Petitioner or of Each Partner)

THE FOLLOWING CERTIFICATION TO BE SIGNED AND DATED IF A CORPORATION

_____ certifies that he/she is _____ (Title)

of the above names applicant corporation; that he/she knows the contents of the above application together with all other papers filed in support thereof and the statements and answers therein; that the same are true of his/her own knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself.

Dated: _____

 (Signature of Authorized Officer)

STATE LIQUOR AUTHORITY'S ACTION: **APPROVED**

DISAPPROVED